

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3						
4						
5						
6	1					
7						
8	1					
9		1				
10		2				
11		3				
12		3				
13		3				
14		3				
15		3				
16		3				
17		3				
18		3				
19		3				
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24		3				
25		3				
26		3				
27	1					
28		1				
29		1				
30		1				
31		1				
32		1				
33		1				
34		1				
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42						
43						
44						
45						
46						
47	1					
48		1				
49						
50						
TOTAL IND.	5					
TOTAL DEP.	16					
TOTAL CLAIMS	81					

48
+ 33
81

	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						